

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***WEST VIRGINIA 1999* TABLES**

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

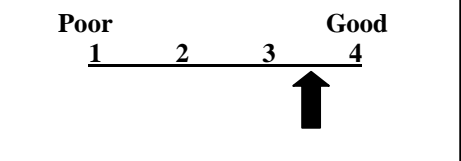
West Virginia Data Comments

Diagnosis Codes: Diagnosis coding on claims was relatively complete, except on LT claims. Missing LT diagnoses are unlikely to have a significant impact on MH identification.

Enrollment: September 1999 enrollment, in particular among children, was under-reported by about 5 percent; expenditures and services during months when no enrollment is reported are dropped from these tables.

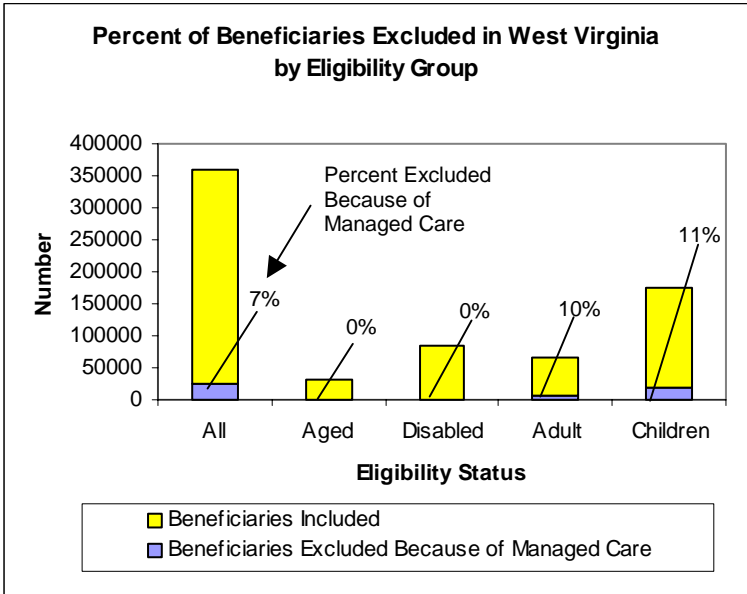
Managed Care: Because a managed care contract expired at the end of October 1999, the number of enrollees in managed care dropped significantly for the last two months of 1999; individuals with any FFS months are included in the tables, but it is likely that some children and adults have very few months of FFS utilization.

WEST VIRGINIA DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. West Virginia's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
WEST VIRGINIA, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	358,317	100%	332,603	93%	\$1,179,531,249	100%	\$1,110,982,351	94%
Age								
0-3	55,447	15%	48,237	87%	\$54,656,075	5%	\$42,023,891	77%
4-5	21,721	6%	19,752	91%	\$16,604,590	1%	\$14,618,202	88%
6-12	66,123	18%	59,885	91%	\$73,356,098	6%	\$63,451,968	87%
13-18	44,809	13%	40,908	91%	\$94,241,488	8%	\$83,980,022	89%
19-21	14,656	4%	13,342	91%	\$32,051,660	3%	\$29,728,201	93%
22-44	81,562	23%	76,869	94%	\$282,989,012	24%	\$267,553,883	95%
45-64	40,459	11%	40,070	99%	\$275,551,267	23%	\$264,894,909	96%
65 and older	33,540	9%	33,540	100%	\$350,081,059	30%	\$344,731,275	98%
Gender								
Female	202,774	57%	188,139	93%	\$710,511,641	60%	\$674,840,005	95%
Male	152,803	43%	141,724	93%	\$453,355,157	38%	\$421,418,283	93%
Race								
White	330,816	92%	307,582	93%	\$1,100,706,770	93%	\$1,036,948,796	94%
Black	17,852	5%	16,255	91%	\$44,841,649	4%	\$41,515,425	93%
Hispanic	413	0%	376	91%	\$598,821	0%	\$522,277	87%
American Indian/Alaskan Native	120	0%	108	90%	\$296,743	0%	\$284,744	96%
Asian/Pacific Islander	545	0%	498	91%	\$1,773,853	0%	\$1,613,905	91%
Other/Unknown	8,571	2%	7,784	91%	\$31,313,413	3%	\$30,097,204	96%
Dual Status								
Aged Duals with Full Medicaid	25,544	7%	25,544	100%	\$356,796,666	30%	\$351,507,299	99%
Disabled Duals with Full Medicaid	16,765	5%	16,765	100%	\$113,526,312	10%	\$111,783,381	98%
Duals with Limited Medicaid	13,024	4%	13,024	100%	\$37,441,886	3%	\$36,772,846	98%
Other Duals	375	0%	350	93%	\$1,424,687	0%	\$1,261,836	89%
Disabled Non-Duals	58,904	16%	58,902	100%	\$375,037,837	32%	\$359,297,580	96%
All Other Non-Duals	243,705	68%	218,018	89%	\$295,303,861	25%	\$250,359,409	85%
Eligibility Group								
Aged	32,263	9%	32,263	100%	\$366,616,541	31%	\$360,861,697	98%
Disabled	83,271	23%	83,269	100%	\$532,202,672	45%	\$514,176,873	97%
Adults	66,291	19%	59,771	90%	\$96,091,758	8%	\$83,391,098	87%
Children	176,492	49%	157,300	89%	\$184,620,278	16%	\$152,552,683	83%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
WEST VIRGINIA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	332,603	54,957	17%	\$1,110,982,351	\$386,252,615	35%
Age						
0-3	48,237	888	2%	\$42,023,891	\$3,345,555	8%
4-5	19,752	1,645	8%	\$14,618,202	\$3,978,695	27%
6-12	59,885	10,191	17%	\$63,451,968	\$33,216,358	52%
13-18	40,908	8,636	21%	\$83,980,022	\$56,633,557	67%
19-21	13,342	1,671	13%	\$29,728,201	\$10,551,668	35%
22-44	76,869	18,542	24%	\$267,553,883	\$121,508,668	45%
45-64	40,070	10,515	26%	\$264,894,909	\$103,204,694	39%
65 and Older	33,540	2,869	9%	\$344,731,275	\$53,813,420	16%
Gender						
Female	188,139	29,646	16%	\$674,840,005	\$208,081,926	31%
Male	141,724	24,032	17%	\$421,418,283	\$165,602,753	39%
Race						
White	307,582	51,292	17%	\$1,036,948,796	\$358,326,902	35%
Black	16,255	2,094	13%	\$41,515,425	\$14,045,356	34%
Hispanic	376	40	11%	\$522,277	\$183,283	35%
American Indian/Alaskan Native	108	27	25%	\$284,744	\$107,273	38%
Asian/Pacific Islander	498	136	27%	\$1,613,905	\$1,313,217	81%
Other/Unknown	7,784	1,368	18%	\$30,097,204	\$12,276,584	41%
Dual Status						
Aged Duals with Full Medicaid	25,544	2,557	10%	\$351,507,299	\$56,773,452	16%
Disabled Duals with Full Medicaid	16,765	4,595	27%	\$111,783,381	\$46,831,005	42%
Duals with Limited Medicaid	13,024	1,472	11%	\$36,772,846	\$8,276,114	23%
Other Duals	350	112	32%	\$1,261,836	\$863,486	68%
Disabled Non-Duals	58,902	20,345	35%	\$359,297,580	\$173,265,716	48%
All Other Non-Duals	218,018	25,876	12%	\$250,359,409	\$100,242,842	40%
Eligibility Group						
Aged	32,263	2,983	9%	\$360,861,697	\$61,928,401	17%
Disabled	83,269	26,108	31%	\$514,176,873	\$227,416,000	44%
Adults	59,771	8,400	14%	\$83,391,098	\$25,597,401	31%
Children	157,300	17,466	11%	\$152,552,683	\$71,310,813	47%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
WEST VIRGINIA, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	4,011	7%	223	1%	3,342	12%	446	16%
Major depression and affective psychoses	14,277	26%	2,006	9%	11,599	40%	672	23%
Other psychoses	1,035	2%	81	0%	584	2%	370	13%
Childhood psychoses	591	1%	461	2%	126	0%	4	0%
Neurotic & other depressive disorders	13,611	25%	2,698	12%	10,042	35%	871	30%
Personality disorders	270	0%	52	0%	200	1%	18	1%
Other mental disorders	621	1%	94	0%	304	1%	223	8%
Special symptoms or syndromes	1,513	3%	596	3%	835	3%	82	3%
Stress & adjustment reactions	4,613	8%	2,847	12%	1,612	6%	154	5%
Conduct disorders	2,869	5%	2,592	11%	252	1%	25	1%
Emotional disturbances	3,142	6%	3,118	14%	23	0%	1	0%
Hyperkinetic syndrome	8,363	15%	8,222	36%	138	0%	3	0%
No Diagnosis	41	0%	41	0%	0	0%	0	0%
Total	54,957	100%	23,031	100%	29,057	100%	2,869	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
WEST VIRGINIA, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	38	11%	11
	4-5	2	13	0	0	2	0%	13	23	4%	4
	6-12	69	21	3	3	72	2%	20	58	2%	5
	13-18	243	20	9	6	249	8%	20	203	7%	5
	19-21	48	14	27	5	71	7%	12	225	22%	5
	22-44	1	10	795	7	796	6%	7	1,768	14%	5
	45-64	0	0	407	9	407	6%	9	1,310	19%	9
	65+	0	0	71	1	71	3%	1	345	16%	1
	All Ages	363	19	1,312	7	1,668	6%	10	3,970	13%	6
Male	0-3	2	9	2	5	4	1%	7	48	9%	9
	4-5	12	12	0	0	12	1%	12	32	3%	4
	6-12	218	45	2	3	220	3%	45	108	2%	4
	13-18	540	55	13	15	548	11%	54	115	2%	6
	19-21	67	44	16	6	77	13%	40	36	6%	16
	22-44	1	13	510	6	510	8%	6	609	10%	7
	45-64	0	0	208	7	208	6%	7	585	17%	8
	65+	0	0	24	2	24	3%	2	115	17%	3
	All Ages	840	51	775	6	1,603	7%	30	1,648	7%	7
Total	0-3	2	9	2	5	4	0%	7	87	10%	10
	4-5	16	11	0	0	16	1%	11	55	3%	4
	6-12	320	40	5	3	325	3%	40	169	2%	5
	13-18	895	45	25	11	910	11%	44	347	4%	5
	19-21	117	32	44	5	150	9%	27	265	16%	6
	22-44	2	12	1,305	7	1,306	7%	7	2,377	13%	6
	45-64	0	0	615	8	615	6%	8	1,895	18%	9
	65+	0	0	95	1	95	3%	1	460	16%	2
	All Ages	1,352	42	2,091	7	3,421	6%	21	5,655	10%	6

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
WEST VIRGINIA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	165	47%	0.02	2.56	2.58	7,232	32%	1.95
	4-5	265	47%	0.02	2.10	2.11	2,334	26%	1.69
	6-12	1,065	34%	0.05	1.84	1.89	5,532	22%	1.61
	13-18	1,443	49%	0.18	2.44	2.62	4,123	25%	1.84
	19-21	613	60%	0.30	3.05	3.35	2,795	32%	2.06
	22-44	6,747	54%	0.27	3.22	3.49	11,182	29%	2.08
	45-64	3,477	50%	0.24	3.11	3.35	5,221	33%	2.29
	65+	830	38%	0.11	2.07	2.19	5,009	22%	1.73
	All Ages	14,605	49%	0.22	2.92	3.14	43,428	27%	1.94
Male	0-3	234	45%	0.06	2.78	2.83	8,269	34%	2.03
	4-5	433	42%	0.02	2.03	2.06	2,660	29%	1.74
	6-12	2,168	32%	0.05	1.73	1.77	5,632	23%	1.60
	13-18	1,874	38%	0.13	1.86	2.00	3,548	23%	1.66
	19-21	280	46%	0.53	2.85	3.38	735	24%	1.90
	22-44	2,984	49%	0.35	3.21	3.57	5,585	29%	2.16
	45-64	1,517	43%	0.24	2.98	3.22	3,785	28%	2.24
	65+	275	40%	0.23	2.39	2.62	1,924	24%	1.82
	All Ages	9,765	41%	0.21	2.49	2.70	32,138	27%	1.92
Total	0-3	409	46%	0.04	2.66	2.70	15,582	33%	1.99
	4-5	708	43%	0.02	2.05	2.07	5,018	28%	1.72
	6-12	3,325	33%	0.05	1.76	1.81	11,226	23%	1.61
	13-18	3,614	42%	0.16	2.10	2.27	7,731	24%	1.76
	19-21	908	54%	0.37	2.98	3.35	3,536	30%	2.03
	22-44	9,738	53%	0.29	3.22	3.51	16,768	29%	2.11
	45-64	4,994	47%	0.24	3.07	3.31	9,006	30%	2.27
	65+	1,105	39%	0.14	2.15	2.30	6,933	23%	1.76
	All Ages	24,801	45%	0.22	2.73	2.95	75,800	27%	1.93

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
WEST VIRGINIA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	2,380	5%	146	16%	2,234	5%
4-5	1,542	8%	610	37%	932	5%
6-12	9,247	15%	6,370	63%	2,877	6%
13-18	6,925	17%	4,878	56%	2,047	6%
19-21	2,120	16%	1,130	68%	990	8%
22-44	28,749	37%	15,834	85%	12,915	22%
45-64	21,630	54%	9,439	90%	12,191	41%
65+	14,360	43%	2,374	83%	11,986	39%
All Ages	86,953	26%	40,781	74%	46,172	17%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WEST VIRGINIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	223	34%	46%	22%	8%	20%	40%	17%
Major depression and affective psychoses	2,006	60%	20%	26%	11%	12%	38%	24%
Other psychoses	81	31%	54%	22%	4%	5%	33%	22%
Childhood psychoses	461	24%	19%	23%	1%	19%	25%	37%
Neurotic & other depressive disorders	2,698	43%	4%	22%	1%	8%	20%	36%
Personality disorders	52	29%	13%	17%	6%	13%	21%	35%
Other mental disorders	94	18%	7%	14%	1%	4%	13%	55%
Special symptoms or syndromes	596	13%	4%	12%	0%	5%	6%	62%
Stress & adjustment reactions	2,847	18%	3%	10%	1%	10%	10%	55%
Conduct disorders	2,592	18%	6%	9%	2%	15%	12%	50%
Emotional disturbances	3,118	16%	3%	9%	1%	17%	10%	52%
Hyperkinetic syndrome	8,222	20%	5%	10%	2%	77%	25%	13%
No Diagnosis	41	7%	2%	5%	2%	7%	7%	41%
Total	23,031	25%	7%	13%	2%	35%	20%	43%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WEST VIRGINIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	3,342	50%	87%	46%	11%	0%	67%	2%
Major depression and affective psychoses	11,599	80%	26%	64%	10%	2%	68%	7%
Other psychoses	584	46%	68%	50%	4%	0%	59%	7%
Childhood psychoses	126	34%	41%	40%	4%	1%	39%	19%
Neurotic & other depressive disorders	10,042	69%	10%	67%	1%	1%	52%	8%
Personality disorders	200	65%	26%	51%	10%	2%	53%	12%
Other mental disorders	304	41%	19%	47%	5%	1%	34%	24%
Special symptoms or syndromes	835	49%	8%	49%	1%	1%	33%	27%
Stress & adjustment reactions	1,612	58%	11%	53%	3%	2%	43%	21%
Conduct disorders	252	40%	46%	44%	5%	1%	44%	18%
Emotional disturbances	23	26%	9%	39%	0%	4%	22%	30%
Hyperkinetic syndrome	138	46%	11%	36%	8%	30%	43%	26%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	29,057	69%	27%	61%	6%	1%	59%	13%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WEST VIRGINIA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	446	42%	88%	39%	7%	1%	61%	3%
Major depression and affective psychoses	672	73%	40%	59%	6%	1%	65%	6%
Other psychoses	370	45%	50%	41%	0%	0%	45%	19%
Childhood psychoses	4	75%	75%	75%	0%	0%	75%	0%
Neurotic & other depressive disorders	871	62%	21%	57%	0%	0%	47%	6%
Personality disorders	18	50%	17%	39%	6%	0%	39%	11%
Other mental disorders	223	35%	32%	39%	1%	0%	32%	31%
Special symptoms or syndromes	82	44%	29%	57%	1%	0%	43%	15%
Stress & adjustment reactions	154	61%	24%	58%	1%	1%	47%	8%
Conduct disorders	25	44%	56%	44%	8%	0%	52%	12%
Emotional disturbances	1	0%	0%	0%	0%	0%	0%	100%
Hyperkinetic syndrome	3	0%	0%	67%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	2,869	56%	41%	51%	3%	0%	52%	17%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).